

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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San Jose City Clerk

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## 1. Agency Name

City of San Jose

Division, Department, or Region (If Applicable)

Council District 1

Designated Agency Contact (Name, Title)

Chappie Jones, Councilmember

Area Code/Phone Number

(408) 535-4901

E-mail

district1@sanjoseca.gov

Date Stamp

2016 MAY 25 PM 1:35

EP OTC

California  
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 05/25/16

(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ n/a

Event Description Sharks Playoffs- Round 2 Game E.

Provide Title/Explanation

Date(s) 04 / 29 / 16

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Jones, Chappie  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Catholic Charities & Mayor's Gang Prevention Task Force Outreach Team.	24	To recognize the hard working members of this group who have assisted city departments w/ gang suppression, intervention, etc.

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Chappie Jones

Print Name

Councilmember, District 1

Title

05/25/16

(Month, Day, Year)

Comment: